UNITED STATES BANKRUPTCY COURT Northern District of California	PROOF OF CLAIM
Name of Debtor: Herminio Serrano Laan	Case Number: 10-55761
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.	
Name of Creditor (the person or other entity to whom the debtor owes money or property):  JPMorgan Chase Bank, National Association, as Successor-in-Interest to Washington Mutual Bank	Check this box to indicate that this claim amends a previously filed claim.
Name and address where notices should be sent: Chase Home Finance, LLC Attn: OH4-7302 3415 Vision Drive Columbus, OH 43219 Telephone number:	Court Claim Number: (If known)  Filed on:
Name and address where payment should be sent (if different from above): Chase Home Finance, LLC ATTN: OH4-7133 3415 Vision Drive Columbus, OH 43219 Telephone number:	Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.  Check this box if you are the debtor or trustee in this case.
1. Amount of Claim as of Date Case Filed: \$896.642.00	5. Amount of Claim Entitled to Priority
If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4.  If all or part of your claim is entitled to priority, complete item 5.	under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.
Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.	Specify the priority of the claim.
2. Basis for Claim: MONEY LOANED (See instruction #2 on reverse side.)	☐ Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).☐ Wages, salaries, or commissions (up to
3. Last four digits of any number by which creditor identifies debtor:XXXXX8738  3a. Debtor may have scheduled account as: (See instruction #3a on reverse side.)	\$11,725*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier – 11 U.S.C. §507 (a)(4).
4. Secured Claim (See instruction #4 on reverse side.) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.	Contributions to an employee benefit plan – 11 U.S.C. §507 (a)(5)
Nature of property or right of setoff:  Real Estate  Motor Vehicle Other  Describe: 7617 Hackett Drive, Gilroy, California 95020  Value of Property:\$ Annual Interest Rate%	Up to \$2,600* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. §507 (a)(7).
Amount of arrearage and other charges as of time case filed included in secured claim, if any: \$73,907.25	Taxes or penalties owed to governmental units – 11 U.S.C. §507 (a)(8).
Amount of Secured Claim: \$893,642.00 Amount Unsecured: \$	Other – Specify applicable paragraph of 11 U.S.C. §507 (a)().
<ol><li>Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.</li></ol>	Amount entitled to priority:
7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements or running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See Instruction 7 and definition of "redacted" on reverse side.)	*Amounts are subject to adjustment on 4/1/13 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.
DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.	uate of asymptotics.
If the documents are not available, please explain:	
Date: 07/08/10  Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number different from the notice address above. Attach copy of power of attorney, if any.	
/s/ TRAVIS J LILLIE (267339)	

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